

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A Page 1 of 10
For use by Members, officers, and employees

HAND DELIVERED

MAZIE K. HIRONO
(Full Name)

808-732-1959
(Daytime Telephone)

2009 JUN -9 PM 5:14
(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives

State: HI District: 02

Officer Or Employee

Employing Office:

Termination Date:

Report Type ☒ Annual (May 15)

Amendment

Termination

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. If yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 at the end of the period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. If yes, complete and attach Schedule VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. If yes, complete and attach Schedule IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name MAZIE K. HIRONO

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
STATE OF HAWAII EMPLOYEES RETIREMENT SYSTEM	STATE PENSION	\$52,082
WONG & OSHIMA, ATTYS AT LAW	SPOUSE SALARY	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MAZIE K. HIRONO

Page 3 of 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)

BLOCK D

Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	1122 ELM ST. #204 HONOLULU, HI	\$250,001 - \$500,000	RENTAL	\$5,001 - \$15,000	
	ALOHA PACIFIC FCU FKA CITY & COUNTY FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	AMCAP FUND A	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
JT	BANK OF THE ORIENT	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	BOND FUND OF AMERICA A	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
JT	CAPITAL INCOME BUILDER A	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MAZIE K. HIRONO

Page 4 of 10

JT	CAPITAL WORLD GROWTH & INC FUNDA	\$50,001 - \$100,000	DIVIDENDS	\$5,001 - \$15,000	P
	CAPITOL INCOME BUILDER A (IRA)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
	CONGRESSIONAL FED CREDIT UNION	\$15,001 - \$50,000	NONE		
JT	HAWAII STATE FEDERAL CREDIT UNION	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	INCOME FUND OF AMERICA A	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	P
JT	INVESTMENT CO OF AMERICA A	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	P
SP	MORGAN STANLEY (IRA) INTL FIXED INC	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	MORGAN STANLEY (IRA) US SMALL CAP VALUE	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	MORGAN STANLEY (IRA) INTL VALUE EQUITY FUND D	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000	P
SP	MORGAN STANLEY (IRA) LIQUID ASSET FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	MORGAN STANLEY (IRA) MID CAP VALUE FUND D	\$1,001 - \$15,000	DIVIDENDS	\$2,501 - \$5,000	P
SP	MORGAN STANLEY (IRA) MSIF INVEST GRADE FIX INC INST	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	MORGAN STANLEY (IRA) MSIF TR LTD DURATION INST	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
SP	MORGAN STANLEY (IRA) MSIF US LARGE CAP GR PORT A	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MAZIE K. HIRONO

Page 5 of 10

SP	MORGAN STANLEY (IRA) MSIF US REAL ESTATE PORT A	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	P
SP	MORGAN STANLEY (IRA) VAN KAMPEN COMSTOCK I	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
SP	MORGAN STANLEY (IRA)MSIF TR HI YIELD PORT INST	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	MORGAN STANLEY LIQUID ASSET FUND	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	
SP	OPPENHEIMER GLOBAL (401K)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	PS(part)
	STATE OF HAWAII EMPLOYEE RETIREMENT SYS	\$500,001 - \$1,000,000	PENSION	NONE	
SP	T ROWE PRICE BLUE CHIP GROWTH (401K)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	T ROWE PRICE INTL EQUITY INDEX (401K)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	PS(part)
SP	T ROWE PRICE NEW ERA (401K)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	T ROWE PRICE PERSONAL STRATEGY (401K)	\$50,001 - \$100,000	DIVIDENDS	\$5,001 - \$15,000	P
SP	T ROWE PRICE PRIME RESERVE (401K)	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	PS(part)
SP	WONG & OSHIMA AAL (OWNERSHIP SHARE)	None		NONE	

SCHEDULE IV - TRANSACTIONS

Name MAZIE K. HIRONO

Page 6 of 10

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	OPPENHEIMER GLOBAL (401K)	PS(part)	6 P VAR DATES 12/7/07 S	\$15,001 - \$50,000
SP	T ROWE PRICE BLUE CHIP GROWTH (401K)	PS(part)	6 P VAR DATES 12/7/07 S	\$1,001 - \$15,000
SP	T ROWE PRICE INTL EQUITY INDEX (401K)	PS(part)	4 P VAR DATES 12/7/07 S	\$15,001 - \$50,000
SP	T ROWE PRICE PERSONAL STRATEGY	P	10 P VAR DATES	\$50,001 - \$100,000
SP	T ROWE PRICE NEW ERA (401K)	P	7/27/07 P 12/7/07 P DIV REINVEST	\$1,001 - \$15,000
SP	MORGAN STANLEY INTL VALUE EQUITY (IRA) DIV REINVESTMENT	P	12/21/07	\$1,001 - \$15,000
SP	MORGAN STANLEY MID CAP VALUE (IRA) DIV REINVESTMENT	P	12/21/07	\$1,001 - \$15,000
SP	MSIF TR LTD DURATION (IRA)	P	MONTH DIV REINVEST	\$1,001 - \$15,000
SP	VAN KAMPEN COMSTOCK (IRA)	P	QTRLY DIV REINVEST	\$1,001 - \$15,000
SP	MSIF US REAL ESTATE (IRA)	P	QTRLY DIV REINVEST	\$1,001 - \$15,000
SP	CAPITOL INCOME BUILDER A (IRA)	P	QTRLY DIV REINVEST	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name MAZIE K. HIRONO

Page 7 of 10

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	AMCAP FUND A - DIV REINVESTMENT	P	6/15/07 12/14/07	\$1,001 - \$15,000
JT	CAPITOL WORLD GROWTH & INC FUND A - MONTHLY INVESTMENT PLUS DIV REINVEST	P	16 P	\$1,001 - \$15,000
JT	INVESTMENT COMPANY OF AMERICA A - MONTHLY INVESTMENT PLUS DIV REINVEST	P	16P	\$1,001 - \$15,000
JT	CAPITAL INCOME BUILDER A - MONTHLY INVESTMENT PLUS DIV REINVEST	P	16P	\$1,001 - \$15,000
JT	INCOME FUND OF AMERICA A - MONTHLY INVESTMENT PLUS DIV REINVEST	P	16P	\$1,001 - \$15,000
SP	T ROWE PRICE PRIME RESERVE (401K)	P	16 P VAR DATES INCL DIV REINVEST	\$15,001 - \$50,000
SP	T ROWE PRICE PRIME RESERVE (401K)	S(part)	11 S VAR DATES TO PURCH OTHER FUNDS	\$100,001 - \$250,000

SCHEDULE V - LIABILITIES

Name MAZIE K. HIRONO

Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	TERRITORIAL SAVINGS BANK	MORTGAGE OF 1122 ELM ST. #204	\$50,001 - \$100,000

SCHEDULE VIII - POSITIONS

Name MAZIE K. HIRONO

Page 9 of 10

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	BLOOD BANK OF HAWAII
BOARD MEMBER	BOARD OF VISITORS U S COAST GUARD ACADEMY

SCHEDULE IX - AGREEMENTS

Name MAZIE K. HIRONO

Page 10 of 10

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11/1/02	STATE OF HAWAII EMPLOYEE UNION TRUST FUND	POST RETIREMENT BENEFITS MEDICAL, DENTAL & DRUG INSURANCE